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TENDRING
RURAL DISTRICT COUNCIL

ANNUAL REPORT
of
The Medical Officer of Health
for 1949

The Standard Printing Co., Dovercourt.

Tendring Rural District Council

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH for 1949

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Vice-Chairman: Mr. W. E. L. WORN

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Brightlingsea Representatives:

Tendring Representatives:

Mr. P. R. HUGGETT

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Mr. I. C. OSBORN

Mr. L. G. NEWMAN

Mr. H. WARREN

Mr. P. B. SMITH

Council Offices,

Weeley,

Clacton-on-Sea.

September, 1950.

To the Chairman and Members of the Tendring Rural District Council

Ladies and Gentlemen,

I have again the honour to present the Annual Report respecting the health of your District during 1949.

The Registrar General's estimated population for the year is 23,030 and it is upon this figure the vital statistics are based. The comparability factor is given this year which makes it possible to compare the local death rate with that of England and Wales.

The outstanding features are:

1. The absence of maternal death for the 5th year in succession.
2. The low puerperal pyrexia rate.
3. The low infantile mortality which is barely 80 per cent. of the National rate.
4. The low incidence of infectious disease as indicated by notifications which is nearly a third of the National rate.
5. The further fall in the tuberculosis rate whether judged from notifications of new cases or the number of deaths.

Considerable headway has been made with housing which is the bugbear in public health administration.

In presenting this report I wish to thank the Council for their support during the year and also to express my thanks for the help and co-operation I have received from the various officers of the Council and especially to the Senior Sanitary Inspector and Public Health Staff.

I am, Gentlemen,

Your obedient servant,

J. RAMSBOTTOM.

Section A

Statistics and Social Conditions in the Area

STATISTICS

Area	66,931 Acres
R. G. Estimate of resident population for 1949	23,810
Number of inhabited houses (end of 1949) according to rate books	8,551
Rateable Value	£106,621
Sum represented by a penny rate	£448

EXTRACTS FROM VITAL STATISTICS

BIRTHS	Male	Female	Total
Live Births—Legitimate	194	179	373
—Illegitimate	14	13	27
Total	208	192	400
Birth Rate per thousand population			16.80
STILL BIRTHS			
Legitimate	4	3	7
Illegitimate	—	1	1
Total	4	4	8
Rate per 1,000 Live and Still Births			19.61
DEATHS			
	177	123	300
Death Rate per 1,000 of population			12.60

DEATHS FROM DISEASES AND ACCIDENTS OF PREGNANCY AND CHILD BIRTH

Cause	Deaths	Death Rate per 1,000 live and still births
Puerperal Sepsis	Nil	Nil
Other Maternal Causes	1	2.45

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

	Male	Female	Total
Actual Number of Deaths—Legitimate	5	3	8
Illegitimate	—	—	—
Total	5	3	8
Total Infantile death rate per 1,000 births			20.00
Death rate of legitimate infants per 1,000 legitimate births			21.45
Death rate of illegitimate infants per 1,000 illegitimate births			Nil

DEATHS FROM MEASLES, WHOOPING COUGH AND DIARRHOEA (Under 1 Year)

Whooping Cough	Nil
Diarrhoea (under 2 years)	Nil
Measles	Nil

DEATHS FROM CANCER, TUBERCULOSIS, AND INFLUENZA

Disease						Deaths	Death Rate per 1,000 population
Tuberculosis	{	Pulmonary	..	..	3	{ 3	.13
		Non-Pulmonary	..	..	0		
Cancer	..	..	..	..	..	35	1.47
Influenza	..	..	..	..	..	3	.13
Heart Disease	..	..	..	..	..	91	3.82

DEATHS AT VARIOUS AGES DURING 1949

Under 1 Year	1—2	2—5	5—15	15—25	25—35	35—45	45—55
8	1	1	2	2	3	7	13
	55—65	65—75	75—85	85—95	95 and over		
	44	57	110	49	3		
							Total 300

CAUSES OF DEATH DURING 1949

Disease	Male	Female	Total
Tuberculosis of Respiratory System	1	2	3
Tuberculosis, all other forms	0	0	0
Syphilitic Disease	1	0	1
Influenza	2	1	3
Acute Infective Encephalitis	1	0	1
Cancer (all sites)	18	17	35
Diabetes	2	3	5
Intracranial Vascular Lesions	26	25	51
Heart Disease	63	28	91
Other Diseases of Circulatory System	5	0	5
Bronchitis	11	1	12
Pneumonia	4	2	6
Other Respiratory Diseases	3	2	5
Ulcer of Stomach and Duodenum	0	1	1
Digestive Diseases	5	2	7
Nephritis	4	7	11
Maternal Causes other than Sepsis	0	1	1
Premature Birth	2	0	2
Congenital Malformations, Injury at Birth and			
Infantile Diseases	4	3	7
Suicide	1	2	3
Road Traffic Accidents	4	0	4
Other Violent Causes	0	3	3
All Other Causes	20	23	43
Total	177	123	300

Thirty-five more deaths were registered amongst residents of the Rural District as compared with last year. The increase occurred in the age groups 55—65 and 75—85. The intervening age group 65—75 was actually lower by 14. Heart disease accounted for 22, and intracranial vascular lesions (mainly apoplexy) 16 more deaths than in 1948.

The crude death rate of 12.6 is about the same as last year. For the first time since the war the Registrar General has given the "comparability factor" for the population of each district, that of the Tendring Rural District being .8. The age distribution of populations shows very material differences between towns, rural, and residential areas, and the tendency to death is much higher in persons over 55. In a rural or residential area there is a larger proportion of persons over 55 than in the towns and therefore the crude death rate should be much higher. When the crude death rate is multiplied by the comparability factor, which in the case of Tendring Rural District is .8, it gives the corrected death rate of 10.1. This figure offers a simple, and in the main, an accurate measure of the comparative health of the district. The corrected figure of 10.1 compares very favourably with the National Rate of 11.7.

INFANTILE DEATHS

The following table shows the causes of, and the ages at death, of the eight infantile deaths registered:

Cause of Death.	Under 1 day	1 day to 1 week	1 week to 1 mth.	1 to 2 mths.	2-6	6-12	Total
Prematurity	—	2	—	—	—	—	2
Internal Haemorrhage	—	1	—	—	—	—	1
Congenital Heart Disease	—	2	—	—	—	—	2
Congenital Physical Defect (Spinabifida)	—	—	—	—	1	—	1
Pneumonia in Congenital idiot	—	—	—	—	—	1	1
Debility at Birth	—	1	—	—	—	—	1
	—	6	—	—	1	1	8

There were eight deaths of infants under one year of age. This exceptionally low figure is nearly half of that for 1948 (15), and is the lowest infantile mortality figure on record for the Tendring Rural District.

Another feature this year is the fact that six of the deaths occurred during the first 48 hours of life, and it might be said that for all practical purposes the whole of the eight deaths were non-preventable.

COMPARATIVE STATISTICS

	TENDRING R.D.	COUNTRY as a Whole
Per 1,000 of Population:		
Birth Rate	16.80	16.7
Death Rate (Corrected)	10.10	11.7
Scarlet Fever Notifications	1.05	1.63
Diphtheria Notifications	Nil	.04
Per 1,000 Births:		
Infantile Mortality	20.0	32.0
Maternal Mortality	2.4	.98
Puerperal Fever and Pyrexia Notifications	4.9	6.31

The above table gives the comparison between the vital statistics for the Tendring Rural District with the corresponding National figures.

VITAL STATISTICS SINCE 1940 IN TENDRING R.D.

	1941	1942	1943	1944	1945	1946	1947	1948	1949
Birth Rate ..	14.50	16.36	16.67	20.22	17.32	19.9	20.83	16.93	16.80
Death Rate (Crude) ..	13.65	12.56	14.08	12.6	13.4	11.53	12.33	12.3	12.6
Infantile Mortality ..	55.30	47.06	35.20	28.9	27.8	33.93	33.47	35.71	20.0
Death Rate from Tuberculosis	.49	.57	.39	.36	.38	.22	.30	.17	.13
Death Rate from Cancer ..	1.83	1.39	2.25	1.51	2.5	1.44	1.52	1.61	1.47
Maternal Deaths	Nil	1	1	1	Nil	Nil	Nil	1	1

Section B

General Provision of Health Services

Medical Officer of Health: J. Ramsbottom, M.B., Ch.B., D.P.H., who is also Medical Officer of Health for Brightlingsea and Assistant County Medical Officer for the same area and Temp. M.O.H. for the U.D. of Clacton-on-Sea and Frinton and Walton.

Chief Sanitary Inspector: G. W. Yearsley, M.R.San.I.

Deputy Chief Sanitary Inspector: A. E. Lockwood, Cert.S.I.J.B.

Additional Sanitary Inspector: F. G. Lambert, Cert.S.I.J.B.

Clerk to the M.O.H.: Miss V. G. Henagulph.

Clerk to the Sanitary Inspector: Mr. R. G. Debnam.

LABORATORY FACILITIES

Previous to September 1949 bacteriological work was carried out at Colchester, water and ice cream samples at the Counties Public Health Laboratory, London, and milk at Writtle, Chelmsford; subsequently, with the exception of the chemical analysis of water and sewage examinations which are still sent to the Counties Laboratory, 66, Victoria Street, London. S.W.1. all investigations have been and are carried out at the Public Health Laboratory, Borough General Hospital, Ipswich.

MIDWIVES AND NURSING HOMES

No change to the previous years 1940-1948, there being one private maternity home in the parish of Great Bentley.

NURSING IN THE HOME

Nursing in the home is under the control of the Essex County Council.

AMBULANCE FACILITIES

The Essex County Council as Local Health Authority, assumes direct responsibility for operational control of Ambulance Services within the Administrative County.

CLINICS AND TREATMENT CENTRES

All Clinics in this area are under the control of the County Authority.

Below is given a list of County Clinics held in this district:

Maternity and Child Welfare

Combined County Clinic, Weeley: First and Third Fridays, 2 to 4 p.m.

Manningtree Parish Room, Stour Street: Second Tuesday, 2.30 to 4.30 p.m.:
fourth Tuesday, 2.30 to 4.30 p.m. (immunisation clinic only).

Parkeston Wesleyan School, Garland Road: Third Tuesday, 2.30 to 4.30 p.m.

Frating Village Hall, Colchester Road: First Friday, 2.30 to 4.30 p.m.

Wix, the Chapel Room, Main Road: Second Monday, 2.30 to 4.30 p.m.

St. Osyth, The Johnson Institute: Second Tuesday, 2 to 4 p.m.

Ardleigh, Wesleyan School Room, Colchester Road: Second Thursday,
2.30 to 4.30 p.m.

Thorpe Women's Institute, Main Road: Second and fourth Wednesdays,
2 to 4 p.m.

Great Bentley Senior School: Fourth Tuesday, 2.30 to 4.30 p.m.

Lawford, Ogilvie Hall: First Friday, 2 to 4 p.m.

Diphtheria immunisations are carried out at all the above Clinics.

Minor Ailments Clinics

School children attend at the conclusion of the Child Welfare Clinic at Weeley, Parkeston, and Manningtree.

Special Clinics

Ophthalmic, Orthopaedic, and Child Guidance Clinics to which children residing in the Rural District Area can attend, are held at Colchester, Clacton-on-Sea, and Harwich.

Ante-Natal and Post-Natal Clinic

Combined Clinic, Weeley: First Monday, 2 to 4 p.m.

Dental Clinic

Combined Clinic, Weeley: When necessary.

Section C

Sanitary Circumstances of the Area

(Including the Report of the Sanitary Inspector)

WATER

When the work upon the main between Thorington village and Flag Hill is completed the whole of the Tendring Rural District will be covered by a network of water mains carrying a supply direct from the wells of the Tendring Hundred Water Company which are situated in Manningtree and Dedham. The Company will still supply those parishes in the Rural District which come within their statutory area which embrace Mistley, Manningtree, Lawford, Ardleigh (part of), Bradfield, Little Clacton, Great Oakley, Little Oakley, Ramsey, Tendring, Thorpe, Weeley, Wix and Wrabness.

The remaining parishes outside the Company's area, with the exception of St. Osyth, and consisting of Ardleigh (part of), Alresford, Elmstead, Frating, Great Bentley and Thorington will now receive a public supply from the same source through the Tendring Rural District's mains by the means of their Western Area Water Scheme which is designed to take water in bulk from the Company at a point near the junction of Ravens Green Road with Harwich Road in the Parish of Great Bromley.

The Parish of St. Osyth receives a bulk supply from the Clacton Urban District mains.

The water provided by the Company is satisfactory both in respect to chemical constitution and its bacteriological purity, but it is hard in character. There is no evidence that it has any plumbo solvent action.

Below is given a recent analysis and bacteriological report upon the water taken from the mains of the Tendring Hundred Waterworks Company at the Lawford Works:

CHEMICAL RESULTS IN PARTS PER MILLION

Year Ending 31st December, 1949

	Maximum.	Minimum.
Colour	Less than 10.	Nil.
Reaction pH.	7.4	7.3
Electric Conductivity at 20°C.	2100	1950
Chlorine in Chlorides	530	500
Hardness. Total	450	420
Temporary	260	265
Permanent	190	155
Nitrogen in Nitrates	0.0	0.0
Free Ammonia	1.1	0.11
Metals. Iron	0.38	0.19
Turbidity. (Silica Scale)	9.	Nil.
Odour	Nil.	Nil.
Free Carbon Dioxide	20	15
Total Solids	1370	1260
Alkalinity, as Calcium Carbonate	275.	260.
Nitrogen in Nitrites	Less than 0.01	Less than 0.01
Oxygen absorbed in 4 hrs. at 27°C.	0.35	0.20
Residual Chlorine	0.05	Absent
Albuminoid Ammonia	0.018	0.000

BACTERIOLOGICAL RESULTS

Presumptive Coliform Reaction	..	..	..	Present.	—
				Absent from 100 ml.	
Bact. Coli.	..	..	..	Present.	—
				Absent from 100 ml.	
Cl. welchii Reaction	..	..	..	Present.	—
				Absent from 100 ml.	
No. of Colonies developing on Agar per cc or ml. in	1 day at 37°C.			2 days at 37°C.	3 days at 20°C.
	0			0	0

REMARKS

These samples are reasonably clear and bright in appearance and free from metals apart from a trace of iron. The water is neutral in reaction considering its very hard character and high content of salinity and mineral constituents in solution.

It is of the highest standard of organic and bacterial purity consistent with a pure and wholesome water suitable for public supply purposes.

All samples were analysed by the Counties Public Health Laboratories.

RIVERS AND STREAMS POLLUTION

No action has been found necessary.

SCAVENGING AND SALVAGE

Scavenging is carried out over the whole of the district by direct labour, and salvage is run as an adjunct to it. For particulars, see the Sanitary Inspector's Report.

SEWERAGE AND DRAINAGE

During 1949, 540 yards of 9" main soil sewer and 475 yards of 12" surface water sewer were laid along the Clacton St. Osyth Road to serve the new Rochford Road houses built by the Rural District.

ERADICATION OF BED BUGS

Zaldecide has been found satisfactory in dealing with these pests. The number of houses treated during the year was:

Houses found Infested			Houses Disinfested		
Council Homes	..	.. 1	Council Homes	..	.. 1
Other Homes	..	.. 7	Other Homes	..	.. 7

FACTORY ACTS 1937 AND 1948

The sixty-eight Factories on the Register at the end of the year under review received twenty-seven inspections under the provisions of the Factories Acts. All defects found were brought to the notice of the occupiers. For details of inspections, see the Sanitary Inspector's Report below.

Sanitary Inspector's Report for 1949

1. COMPLAINTS received and to which attention was given—297.
2. ERADICATION OF VERMIN

Eight houses were treated for bugs and five for fleas.

3. FUMIGATION AFTER INFECTIOUS DISEASE

Twenty-five houses were fumigated after removal or recovery of patients. Eighteen schools were also fumigated.

4. NEW DRAINAGE TO EXISTING BUILDINGS

New drains have been laid at thirteen premises; four connected to main sewers, three drainage extensions and six to cesspools, requiring the following work to be carried out:

4" drain laid	..	..	..	..	..	362 yards.
Inspection chambers	..	..	..	..	..	16
Interceptor chambers	..	..	..	..	..	11
Vent shafts	..	..	..	..	..	9
Fresh air inlets	..	..	..	..	..	7
Water closets	..	..	..	..	..	15
Gullies	..	..	..	..	..	11
Cesspools	..	..	..	..	..	6

5. PUBLIC CLEANSING AND SALVAGE

The whole of the district (approximately 8,000 properties) is covered for refuse and salvage collection with the comparatively minor exceptions of properties which are very isolated or on unmade roads which are not reasonably accessible.

The work is done by direct labour with five vehicles and eleven men. Four of the vehicles are of modern refuse collection type, and the other one being an open truck. It is estimated that in the region of 5,000 tons of refuse is collected per annum and this is disposed of on three refuse tips, situated at Weeley, Lawford and Parkeston.

Salvage Collected and sold during the year:

					Tons.	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	..	..	..	..	137	0	0	1	956	9	8
Textiles	..	..	..	..	2	18	1	11	36	19	6
Bones	..	..	..	..	1	17	2	6	10	15	1
Ferrous Metals	..	..	..	..	24	7	2	0	63	19	10
Non-Ferrous Metals	..	..	..	..		2	3	17	3	13	8
Rubber	..	..	..	..			2	8		4	6
Total					166	6	3	15	£1072	2	3

The waste paper salvaged represents 9.92 cwts. per 1,000 of the population per month.

6. CESSPOOL EMPTYING SCHEME

One 750 gallon Karrier-Yorkshire cesspool emptying machine is in full time use and is operated by a driver and mate. During the year 1,313 loads were dealt with; disposal being on arable land and compost heaps. A nominal charge is made for cesspool emptying, the balance of the cost being on the general rate fund. The demand for this service is very heavy and one machine does not meet the need as readily as could be desired. Nevertheless, the work done is very essential and contributes very much to the improvement of sanitary conditions.

7. SANITARY INSPECTION OF THE AREA

The following table gives details of the inspections carried out and notices served during the year:—

Nature of Inspection						Total Inspections	Notices Informal	Served Formal
Houses:	Unfit	..	..	..	..	132		3
..	Unfit (Revisits)	..	..	..	..	280		
..	Defects	..	..	..	..	721	50	
..	Defects (Revisits)	..	..	..	..	219		
..	Drainage	..	..	..	..	289	31	
..	Sanitary Accommodation	..	..	..	..	16	8	1
..	Overcrowding	..	..	..	..	5		
..	Dirty	..	..	..	..	4	1	
..	Verminous	..	..	..	..	28		
..	Satisfactory	..	..	..	..	42		
House	Boats	..	..	..	..	9		
Beach	Huts	..	..	..	..	42		
Water	Supplies	..	..	..	..	582	26	1
Water	Samples Collected	..	..	..	..	38		
Schools	..	..	..	..	..	3		
Dairies and	Dairy Farms	..	..	..	..	96		
Milk	Samples Taken	..	..	..	..	35		
Food	Premises	..	..	..	..	96		
Bakehouses	..	..	..	..	..	15		
Factories	..	..	..	..	..	12		
Slaughterhouses	..	..	..	..	..	53		
Shops	..	..	..	..	..	31		
Caravans and	Sites	..	..	..	..	80	1	
Infectious	Disease Enquiries	..	..	..	..	30		
Refuse	Tips and Deposits	..	..	..	..	54	1	
Rat	Infestations	..	..	..	..	55	2	
Polluted	Rivers and Ditches	..	..	..	..	41		
Dustbins	..	..	..	..	..	4	1	
Ice Cream	Premises	..	..	..	..	21		
Piggeries	..	..	..	..	..	11		
Number of	Pigs Inspected	..	..	..	..	136		
Number of	Cattle Inspected	..	..	..	..	1		
Number of	Sheep Inspected	..	..	..	..	2		
Miscellaneous	..	..	..	..	..	53	3	
Total						3,236	124	5

8. REPAIRS AND IMPROVEMENTS RESULTING FROM NOTICES SERVED

Roofs repaired	..	..	..	..	..	..	36
Chimney stacks repaired	..	..	..	..	..	..	6
Eaves gutters repaired or renewed	..	..	..	..	..	..	7
Rain water pipes repaired or renewed	..	..	..	..	..	..	6
External wall plaster repaired	..	..	..	..	..	..	22
Internal wall plaster repaired	..	..	..	..	..	..	51
Ceiling plaster repaired	..	..	..	..	..	..	52
Floors repaired or renewed	..	..	..	..	..	..	43

Windows repaired or provided	25
Doors repaired or provided	10
Staircases repaired	3
Ranges repaired or renewed	7
Firegrates repaired or renewed	5
Yard paving repaired or provided	4
Dustbins provided	5
Main water laid on	23
Wells cleansed or repaired	11
Wells chlorinated	11
Pumps repaired	6
Wells provided	1
Washing facilities provided (shop)	1
Ditches cleansed	8
Accumulations of refuse, etc., removed	5
Premises limewashed	4
Drains cleared	7
Inspection chambers repaired	5
W.C. basins provided	11
Vent pipes provided or repaired	3
Cesspools repaired	5
Pumps fitted to cesspools	1
Drains repaired	9
Gullies provided	5
Chemical closets provided	1
Closet structure repaired or provided	5

9. FOOD INSPECTION

Food surrendered voluntarily:—

	Lbs.
Tinned Meat	92½
Tinned Fish	60
Tinned Milk	1258
Tinned Fruit	126½
Tinned Beans	60¼
Tinned Peas	203
Tinned Jam	2
Tinned Meat and Vegetables	1¼
Tinned Carrots	27½
Tinned Soup	49
Fresh Meat	321½
Fresh Fish	217¼
Cheese	12
Bacon	164
Miscellaneous	25
Total	2619¼

10. FACTORIES—DETAILS OF INSPECTIONS

Inspections for purpose of provision as to health, including inspections made by the Sanitary Inspector.

Premises	No. on Register	Inspections	Number of Written Notices
Factories without mechanical power ..	20		2
Factories with mechanical power ..	48	27	
	—	—	—
Total ..	68	27	2
	—	—	—

DEFECTS

Particulars	Found	Remedied
Sanitary Conveniences Insufficient	1	1
Unsuitable or Defective	1	1
	—	—
	2	2
	—	—

11. ICE CREAM VENDORS

Ten persons were registered during the year under the Essex County Council Act, 1933, to sell ice-cream. The total number of registered vendors in the District is thirty-one.

12. HOUSING

Houses inspected and recorded in detail	2124
Demolition Orders made	3
Houses demolished after formal action	22
Houses demolished after informal action	8
Houses reconditioned after informal action	9
Houses reconditioned after formal action	—
Houses repaired after formal action	4
Houses repaired after informal action	127

13. CARAVANS AND SITES

There are five licensed camping grounds in St. Osyth, three near the beach and two at Point Clear (Tower Estate). In addition, nine moveable dwelling licences have been issued during the year. Three moveable dwellings were demolished by the Council under sections 11 and 23. Housing Act, 1936, in default of the owners so doing.

Section D

Housing

During 1949, twenty two houses were erected by private enterprise, five of these were war destroyed properties and two were built under the Financial and Miscellaneous Provisions Act, 1946. Sixty two were built by the Council making altogether eighty four new houses. Against this number thirty houses were demolished leaving fifty four additional houses in the district. At the end of 1949 there were 759 applicants on the waiting list for homes against 663 last year.

Housing still remains the principal menace to public health. Two of the main factors in the standard of living are housing and food together with the means of obtaining them. There is little doubt but that the standard of living is not improving in these respects. Houses are wasting assets and the balance between houses built and those demolished is not a true indication of the actual position. There are many houses in this district standing and inhabited to-day which could not have been let two generations ago yet they are housing sometimes more than one family. Owners, whether Council or private, cannot afford to be philanthropists and it would seem that some practical scheme, fair to both owners and tenant occupiers, might be devised that would delay the process of decay which occurs in all houses at an increasing rate according to their age and soundness of construction. This deterioration might to a very large extent be prevented or at least retarded if the rental values were commensurable with the state of repair and the inhabitability of the houses or dwellings.

Since rents do not fall with the habitable fitness of a house, consequently derelict houses can and are let at rents out of all proportion to their value as human habitation thus giving owners no inducement to maintain their property in first-class condition.

At the present time it would appear that only authoritative control could compel repairs on the one hand, whilst on the other adjust rents whether up or down according to the habitable standard of the houses.

The present state of affairs will persist until the happy position is reached when the number of houses is in excess of the demand and then the fundamental principles governing economy would naturally compel owners to keep up the standard of repair of their properties or accept lower rents with the ultimate prospect of the inability to obtain a tenant even of the worst type.

AIR RAID PRECAUTIONS

The protection against aerial bombardment assumes great importance and is closely connected with housing. It would now appear that the immediate destruction from the atomic bomb explosion is mainly due to blast and there is little doubt but that a well constructed underground cellar some four feet below the surface level provided it were constructed to stand the falling masonry would give the best chance of survival even near the centre of the explosion. It would seem reasonable, that if it were made compulsory for all new houses to have such a basement structure, it would be the means of a great saving of life in case of aerial atomic bombardment.

Section E

Inspection of Food

MILK PRODUCTION

The register shows that there were one hundred Producer Wholesalers, twenty-nine Producer Retailers and fifteen Retailers in the District on October 1st, 1949. From that date the Ministry of Agriculture took over the supervision of dairy farms leaving local authorities to supervise retail distributors only.

MEAT

Slaughtering is not carried out in this district except in case of emergency. For particulars of meat and other foods condemned, see the Sanitary Inspector's Report.

SHELLFISH (Mulluxan)

During 1949, 1,757,793 Oysters were passed through the Purification Tanks at Brightlingsea.

The number for the previous years were :

1948	..	..	..	..	..	2,044,741
1947	..	..	..	..	..	1,294,900
1946	..	..	..	..	..	2,325,364
1945	..	..	..	..	..	1,665,347
1944	..	..	..	..	..	943,082
1943	..	..	..	..	..	940,658
1942	..	..	..	..	..	809,600
1941	..	..	..	..	..	2,055,714
1940	..	..	..	..	..	2,021,293
1939	..	..	..	..	..	3,407,062

Section F

Prevalence of and Control over Infectious Diseases

During 1949, there were 412 cases of Infectious Diseases notified.

Disease.							Total Cases	Deaths
Erysipelas	..	..	..	..	..	..	1	—
Jaundice	..	..	..	..	..	..	14	—
Measles	..	..	..	..	..	..	302	—
Pneumonia	..	..	..	..	..	..	5	—
Dysentery	..	..	..	..	..	..	1	—
Scarlet Fever	..	..	..	..	..	..	25	—
Chicken Pox	..	..	..	..	..	..	1	—
Whooping Cough	..	..	..	..	..	..	61	—
Puerperal Pyrexia	..	..	..	..	..	..	2	—
							412	—

The number of notifications of infectious disease appear exceptionally high, but measles accounted for practically seventy five per cent. of the total and in actual fact the number of serious cases is very low.

MEASLES

This disease was again wide spread during the year under consideration and has persisted in this district since the later months of 1947. When this infection is once firmly established in a community it is liable to persist until most of the susceptible part of the population has acquired the infection when the disease gradually subsides and becomes rare until a new susceptible child population again accumulates. An attack of true measles usually protects the individual throughout life. No preventive measures have proved successful in combating this disease. This epidemic has fortunately been mild in character. No deaths occurring since this disease became prevalent in 1947.

SCARLET FEVER

Twenty five cases were notified during 1949 and were spread over ten of the twenty four parishes as follows: Elmstead 6, Alresford 5, Mistley 4, Manningtree 4 and one only in Ardleigh, Great Oakley, Ramsey, Tendring, Lawford and Great Bentley.

JAUNDICE

Under the Ministry's Circular 2883 and Jaundice Regulations 1943 this disease is notifiable in the Eastern Region, where a special investigation is being made of its incidence and etiology.

DYSENTERY

One case was notified as dysentery, the diagnosis of which was confirmed by the laboratory.

PUERPERAL PYREXIA

The two cases notified as pyrexia proved to be non-infective and due to associated conditions.

DIPHTHERIA

No cases of Diphtheria have been notified during the year. The last case in this district occurred in 1946, in a non-immunised child.

The position at the end of 1949 is approximately

Ages of Children resident in Tendring Rural District		No. of Children	Immunised	Per cent.
From birth to end of fourth year		2,059	603	29.3
From 5 years to end of Fourteenth year ..		3,267	2,378	72.8

There is no doubt that the remarkable fall in the incidence of diphtheria is due to immunisation in infancy and childhood. Undue prominence has been made of the liability of infantile paralysis following whooping cough and diphtheria inoculation. The incidence of infantile paralysis has been high in this Country since the war reaching a record of .18 per 1,000 in 1947. Also the number of young children at ages most liable to infantile paralysis were and are receiving inoculations against diphtheria and whooping cough, therefore, there would be overlapping and on rare occasions a child, who when actually infected with the germ of infantile paralysis although showing no evidence of the infection at the time might be likely to receive an inoculation. The inoculations in themselves cannot cause infantile paralysis, but during the negative phase which follows the injection and lasts for a short time only the child injected may and probably is less resistant to the infantile paralysis germ and consequently during an epidemic of this disease these inoculations, in a very small proportion of cases indeed, may be followed by infantile paralysis sometimes affecting the limb inoculated. This danger can be entirely avoided if these injections are postponed during an epidemic of infantile paralysis and so prevent creating any doubts as to the safety of the procedure.

The same remarks apply to removal of tonsils in children. This operation unless absolutely necessary should be postponed if infantile paralysis is prevalent in the district in which the hospital is situated or where the patient resides.

It is very instructive to consider the National and local statistics relation to the prevalence of diphtheria since immunisation was adopted. The figures in italics represent the Rural District.

Year	Number of Cases		Deaths	
X 1931-1940	55,000	<i>12.5</i>	2,800	<i>4</i>
1940	46,281	<i>4</i>	2,480	—
1941	50,797	<i>15</i>	2,641	<i>2</i>
1942	41,404	<i>4</i>	1,827	—
1943	34,662	<i>5</i>	1,371	—
1944	29,949	<i>5</i>	934	—
1945	25,246	—	722	—
1946	18,283	<i>1</i>	472	<i>1</i>
1947	10,465	—	244	—
1948	8,034	—	150	—
1949	1,897	—	85	—

Immunisation was adopted in 1939 and became fairly general from 1940 onwards.

X Average for the previous ten years.

TUBERCULOSIS

During 1949, there were twenty five new cases notified as compared with twenty eight in 1948. Twelve of these were Pulmonary and thirteen Non-Pulmonary.

Ages	Notifications		Male	Female
	Male	Pulmonary	Non-Pulmonary	
1-5	—	—	1	—
5-10	—	—	3	3
10-15	—	1	2	1
15-20	1	2	—	—
20-25	—	2	1	—
25-35	1	2	—	—
35-45	1	—	1	—
55-70	2	—	1	—
	5	7	9	4

Ages	Deaths		Male	Female
	Male	Pulmonary	Non-Pulmonary	
25-35	—	1	—	—
45-55	—	1	—	—
60-70	1	—	—	—
	1	2	—	—

The annual number of deaths from tuberculosis in the Tendring Rural District is given below since 1924.

Year	Deaths	Year	Deaths	Year	Deaths
1924	21	1933	14	1942	13
1925	21	1934	16	1943	11
1926	14	1935	8	1944	9
1927	16	1936	5	1945	9
1928	18	1937	9	1946	5
1929	11	1938	6	1947	7
1930	13	1939	5	1948	4
1931	19	1940	7	1949	3
1932	15	1941	11		

The figures giving the number of deaths in the Tendring Rural District since 1924 show a steady fall, only broken during the war years, until the deaths recorded this year representing a death rate of .13 per 1,000 is the lowest on record for this Rural District.

This fall is noteworthy since it is not general throughout the County and this disease is causing much anxiety in the northern industrial areas of England and also in Scotland.

For 25 years, previous to the war, there had been a general and progressive fall in the deaths from this disease. The reverse was to be expected during war years, but after the war it would be reasonable to anticipate a resumption to the pre-war tendency. As stated rather the reverse has occurred in some areas, particularly in the North.

What are the causes of this variation in the same country? If this question could be definitely answered it would greatly help in the fight against tuberculosis.

Apart from the difference in the climate, it would be interesting to investigate the differences in the hygienic circumstances and public health administration between this district and those areas where tuberculosis is rife.

Many factors, social, economic, hygienic and biological affect the spread of tuberculosis, but the question resolves itself into the resistance of the individual to the bacterial infection on the one hand and the virulency of the infecting agent on the other.

To raise the one or lower the other produces the improvement required and vice versa.

It would appear that perhaps too much attention is being paid at the present time to reducing the suspected and known sources of infection to the exclusion almost of the investigation of the means of assisting the natural processes and circumstances which tend to raise the resistance.

Important factors, with a beneficial influence upon the bacterial infection, are adequate housing with the accompanying reduction of overcrowding, and adequate and correctly balanced diet, sufficient rest whether from work or pleasure. Further the biological processes by which the material resistance can be increased by the individual coming in contact with a non-effective dose of the infecting agent is as yet not thoroughly understood, but nevertheless does exist.

Tuberculous infection is wide spread and the great majority of human beings are infected during life, but their bodily resistance to the germ overcomes it in the great majority of cases and only an unfortunate few actually contract the disease. The means by which infection is conveyed, is either direct contact with an infective tuberculous person or indirectly through dust, utensils or food, such as meat or milk which has become infected from a human or animal suffering from the disease. There would seem to be little doubt that the danger of obtaining a massive and consequently a perilous dose is when an individual is suddenly exposed to direct infection. Whilst it is evident, there are numerous sources of infection, yet at the present time so much stress is being laid upon tuberculous milk as the cause of tuberculosis that the general public has come to the conclusion that a tuberculous free milk supply means the end of tuberculosis, and conversely that the consumption of raw milk is the main if not the only cause of the spread of this disease. This is unfortunate.

In this Rural District a very large majority of the inhabitants consume raw milk only, whilst in the large industrial areas where tuberculosis is actually increasing the milk supply is to a very large extent pasteurised or heat treated.

Is there possibly a danger that by chasing a shadow at the expense of the more essential factors in the control of this dread disease, the substance may be lost?

Increasing the natural and acquired resistance is equally if not more important than endeavouring to try and stamp out an infection which is universal. It would seem that if the liability of the individual to receive a dangerous massive dose can be controlled and prevented, the natural biological processes are capable of dealing with the smaller and ineffective doses.